Highlights from this issue

doi:10.1136/sextrans-2018-053798

Jackie A Cassell

Chlamydia trachomatis had long been working its quiet mischief before scientific advances identified it as the responsible organism. All that time symptoms and conditions would no doubt have been misattributed, and management would have been largely symptomatic. It is tempting to see the emergence of the latest 'hidden' STI—*Mycoplasma genitalium* (MG)—as following the same pattern. It is a relatively common infection; fears of its potential impact on reproductive health remain troublingly ill-defined; symptomatic treatment raises the spectre of emerging antibiotic resistance. Also as with chlamydia, the scope and impact of the new awareness is genuinely international. In the UK, interest was galvanised in 2015 by data from the third National Survey of Health Attitudes and Lifestyles (NATSAL 3). But studies brought together of STI show us how identical issues are having to be addressed in Australia¹ and two regions of the US.^{2,3} Everywhere there is the same challenge of defining universal standards for screening and management. Fundamental to this will be research like this to establish prevalence and the clinical and risk correlates. Taylor *et al*³ pursue the implications of MG for women's reproductive health, analysing the association with histological endometritis, a signal of pelvic inflammatory disease. Couldwell *et al*¹ address antibiotic resistance in an Australian MSM population, investigating mutations of the organism linked to macrolide resistance.

A second theme is HIV prevention, and the use of clever interventions to engage 'hard-to-reach' populations. 'Clever' in this context means culturally tailored, and the studies have, in different ways, required researchers to seek to understand the worlds of those they wish to influence. The sexual health implications of the use by MSM of smartphone networking apps have been frequently discussed. So has the possibility of employing these apps to promote awareness, so transforming the cause of the problem into its solution. The innovation discussed in Chow's editorial⁴ and an original research study by Gutierrez *et al*⁵ is to abandon the idea of stand-alone health awareness apps—never popular—in favour of adopting existing popular apps, like Grindr or Hornet, to promote awareness and testing. Rather more curious, however, is a customised Singaporean educational intervention reported by Wong *et al*⁶ that required researchers to explore the world of Vietnamese and Thai entertainment workers. Finally, and closer to home for our BASHH subscribers, Saigal's educational article⁷ explores practical issues

relating to a different kind of cultural barrier that can impede access to the 'hard-to-reach', the law surrounding criminal liability for HIV transmission in the UK.

Other themes include tuberculosis/HIV co-infection^{8,9} and PrEP.^{10,11} Siqueira and colleagues estimate the enormous cost-burden to the Brazilian health system of each active TB/HIV co-infection as compared with an HIV or latent TB/HIV case, while Cevik *et al*⁹ consider the complexities of combining rifampicin-based TB therapy with Dolutegravir. On PrEP, Beymer returns to the old problem of risk-compensation, comparing the incidence of STI before and after PrEP initiation in a cohort of MSM from Los Angeles. Gillespie considers the related question of how introduction of pre-exposure prophylaxis has had an impact on the recourse among Scottish MSM to post-exposure prophylaxis for sexual exposure.¹¹

So much for the major themes. In addition to these, Brook's editorial¹² considers the challenges to developing countries seeking to meet UNAIDS 90:90:90 targets by poor access to viral-load testing, and the potential for these to be addressed by point-of-care (POCT) viral-load testing, if this ever becomes available at reasonable cost and the technology proves serviceable in these contexts. Other studies explore the relative psychological impact on men and women of diagnosis with chlamydia¹³; the development of azithromycin resistance in relation to earlier treatment with the drug for STIs¹⁴; the social determinants of condomless anal intercourse in Swedish MSM¹⁵ and the prevalence of HPV in China by region, sexual orientation and HIV status.¹⁶

Last but not least, our clinical readers will want to turn to this month's Clinical Roundup¹⁷ and a column by Ceri Evans on the relationship between BASHH and sexual health advisers.¹⁸

Competing interests None declared.

Provenance and peer review Commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2018. No commercial re-use. See rights and permissions. Published by BMJ.

REFERENCES

- 1 Couldwell DL, Jalocon D, Power M, *et al*. *Mycoplasma genitalium*: high prevalence of resistance to macrolides and frequent anorectal infection in men who have sex with men in western Sydney. *Sex Transm Infect* 2018;94:406–10.
- 2 Trent M, Coleman JS, Hardick J, *et al*. Clinical and sexual risk correlates of *Mycoplasma genitalium* in urban pregnant and non-pregnant young women: cross-sectional outcomes using the baseline data from the Women's BioHealth Study. *Sex Transm Infect* 2018;94:411–13.
- 3 Taylor BD, Zheng X, O'Connell CM. Risk factors for *Mycoplasma genitalium* endometritis and incident infection: a secondary data analysis of the T cell Response Against Chlamydia (TRAC) Study. *Sex Transm Infect* 2018;94:414–20.
- 4 Chow JY, Klausner JD. Use of geosocial networking applications to reach men who have sex with men: progress and opportunities for improvement. *Sex Transm Infect* 2018;94:396–7.
- 5 Alarcón Gutiérrez M, Fernández Quevedo M, Martín Valle S, *et al*. Acceptability and effectiveness of using mobile applications to promote HIV and other STI testing among men who have sex with men in Barcelona, Spain. *Sex Transm Infect* 2018;94:443–8.
- 6 Lim RBT, Cheung ONY, Tai BC, *et al*. Efficacy of multicomponent culturally tailored HIV/STI prevention interventions targeting foreign female entertainment workers: a quasi-experimental trial. *Sex Transm Infect* 2018;94:449–56.
- 7 Saigal P, Weait M, Poulton M. Criminalisation of HIV transmission: an overview for clinicians. *Sex Transm Infect* 2018;94:399–400.
- 8 Teixeira de Siqueira-Filha N, Militao de Albuquerque MF, Cunha Rodrigues L. Economic burden of HIV and TB/HIV coinfection in a middle-income country: a costing analysis alongside a pragmatic clinical trial in Brazil. *Sex Transm Infect* 2018;94:463–9.
- 9 Cevik M, McGann H. Dolutegravir use in combination with rifampicin-based tuberculosis therapy: 3 years of real-world experience in a large UK teaching hospital. *Sex Transm Infect* 2018;94:420.
- 10 Beymer MR, DeVost MA, Weiss RE. Does HIV pre-exposure prophylaxis use lead to a higher incidence of sexually transmitted infections? A case-crossover study of men who have sex with men in Los Angeles, California. *Sex Transm Infect* 2018;94:457–62.
- 11 Gillespie L, Lowrie M, Metcalfe R. Has the introduction of HIV pre-exposure prophylaxis had an impact on HIV postexposure prophylaxis for sexual exposure prescriptions in men who have sex with men in the UK's largest health board? *Sex Transm Infect* 2018;94:462.
- 12 Brook G. HIV viral load point-of-care testing: the what, the whys and the wherefores. *Sex Transm Infect* 2018;94:394–5.
- 13 Andersson N, Carré H, Janlert U, *et al*. Gender differences in the well-being of patients diagnosed with *Chlamydia trachomatis*: a cross-sectional study. *Sex Transm Infect* 2018;94:401–5.
- 14 Clifton S, Town K, Furegato M, *et al*. Is previous azithromycin treatment associated with azithromycin resistance in *Neisseria gonorrhoeae*? A cross-sectional study using national surveillance data in England. *Sex Transm Infect* 2018;94:421–6.
- 15 Johansson K, Persson KI, Deogan C. Factors associated with condom use and HIV testing among young men who have sex with men: a cross-sectional survey in a random online sample in Sweden. *Sex Transm Infect* 2018;94:427–33.
- 16 Ma X, Wang Q, Ong JJ, *et al*. Prevalence of human papillomavirus by geographical regions, sexual orientation and HIV status in China: a systematic review and meta-analysis. *Sex Transm Infect* 2018;94:434–42.
- 17 Chung E, Herbert S. Clinical round-up. *Sex Transm Infect* 2018;94:470.
- 18 Evans C. 'What has BASHH ever done for SexualHealth Advisers?' or 'What haveSexual Health Advisers ever donefor BASHH?'. *Sex Transm Infect* 2018;94:398.